

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008451

1. Entity Name

SADDLE CLUB AT POINTE WEST, L.L.C.

Principal Place of Business

6050 5TH STREET, S.W.
VERO BEACH FL 32962

Mailing Address

6050 5TH STREET, S.W.
VERO BEACH FL 32962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME KAHLE, GEORGE A JR.
STREET ADDRESS 6020 5TH STREET S.W.
CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete

TITLE MGRM
NAME KAHLE, SANDRA R
STREET ADDRESS 6020 5TH STREET, S.W.
CITY-ST-ZIP VERO BEACH FL 32968 ☐ Delete

TITLE MGRM
NAME KAHLE, GEORGE A. III
STREET ADDRESS 6020 5TH ST. S.W.
CITY-ST-ZIP VERO BEACH, FL 32968 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600004221166-8
-05/16/01--01132--010
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-01 (561) 778-2224

Date

Daytime Phone #

FILED

01 APR 30 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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